

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES  
ALCOHOL AND DRUG PROGRAM ADMINISTRATION  
COST REPORT FOR CONTRACTED SERVICES  
FISCAL YEAR 2000-2001

PROGRAM EXPENSES  
Schedule P1  
Page 2 of 2

SALARIES AND EMPLOYEE BENEFITS

Type of Program  
(Check One)

☐ Alcohol  
☐ Drug  
☐ Perinatal  
☐ Parolee

**PROPOSITION 36 USE ONLY**

CONTRACT AGENCY LEGAL NAME

MODE OF SERVICE

DATE

| (A)   | (B)               | (C)                                | (D)   | (E)   | (F)                       | (G)   | (H)                          | (I)                 |
|---|-------------------|------------------------------------|---|---|---------------------------|---|------------------------------|---------------------|
| Title of Position/<br>Staff Classification Number<br>(List each non-consultant<br>position working on contract) | Monthly<br>Salary | % of Time<br>Employed<br>By Agency | % of Time<br>Spent on<br>Contract<br>Services | % of Time<br>Spent on<br>Direct<br>Services | Total<br>Annual<br>Salary | Actual<br>Expenditures<br>(From Financial<br>Records) | County<br>Approved<br>Budget | (H - G)<br>Variance |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
|   |                   |                                    |   |   |                           |   |                              |                     |
| Subtotal (Include in Subtotal on Page 1)  |                   |                                    |   |   |                           |   |                              |                     |